

# Request for Addition To Vendor File Award (TEAM)

STATUS: ☐ New Application (use this form)☐ Modify (use this form)☐ Active (do not use this form)☐ Reinstate (do not use this form)

Send to: TBP-50.1

Sheila Henderson-Glass  
Nassif Building Room 9422  
[sheila.henderson-glass@dot.gov](mailto:sheila.henderson-glass@dot.gov)

\* If Required

FTA Approval MUST be provided below

(see instructions)

**REQUESTOR INFORMATION**

Requestor Name (First, Last ) \_\_\_\_\_ Date: \_\_\_\_\_

Title / Office \_\_\_\_\_

Office Phone \_\_\_\_\_

**FTA AUTHORIZATION (to be completed by Official only)**

Offical Name (First, Last ) \_\_\_\_\_ Date \_\_\_\_\_

Title / Office \_\_\_\_\_

Office Phone \_\_\_\_\_

**VENDOR INFORMATION***General*

Organization Name \_\_\_\_\_

Organization Acroynm \_\_\_\_\_

Office Phone \_\_\_\_\_

Mailing Address (Street Number, City, State and Zip Code) \_\_\_\_\_

Web Site Address \_\_\_\_\_

Fax Number \_\_\_\_\_

Street \_\_\_\_\_

Tax identification Number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

DUNS Number \_\_\_\_\_

Cost Center \_\_\_\_\_

NTD IDENTIFICATION (if any)\* \_\_\_\_\_

Last Updated (Month, Date, Year) \_\_\_\_\_

Fiscal Year (starting month/year) \_\_\_\_\_

Disadvanaged Business Enterprise:\* ☐ Yes ☐ NoAssistance: ☐ Yes ☐ NoState Dept. of Transportation:\* ☐ Yes ☐ No

Designated Recipient ID:\* \_\_\_\_\_

TYPE:

☐ Private☐ Public☐ Contractor☐ Not Contractor☐ UnspeciedMPO: ☐ Yes ☐ No☐ Not Specified

OST TYPE:

MPO ID:(from TEAM) \_\_\_\_\_

☐ (A) Educational Institution☐ (F) County Agency☐ (K) Port Authority☐ (P) Small Business☐ (U) Other Government Agency☐ (B) School District☐ (G) Multi County Agency☐ (L) Airport Authority☐ (Q) Indian Tribe☐ (V) Profit Organization☐ (C) Federal Agency☐ (H) Borough☐ (M) City☐ (R) Community Action Agency☐ (W) Individual☐ (D) State Agency☐ (I) Planning Commission☐ (N) Other Nonprofit Organization☐ (S) Sponsored Organization☐ (Y) Educational Institution (Private)☐ (E) Multi State Group☐ (J) Council of Government☐ (O) Large Business☐ (T) Transit Authority**CONTACT PERSONS (ONE IS REQUIRED)**

Contact Person's Name \_\_\_\_\_

Officer's Title: \_\_\_\_\_

Mailing Address (Street Number, City, State, Zip Code and County) \_\_\_\_\_

Email Address \_\_\_\_\_

Street \_\_\_\_\_

Office Phone \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Fax Number \_\_\_\_\_

County \_\_\_\_\_

Web Site Address \_\_\_\_\_

Contact For:

☐ CEO☐ Grants☐ Equal Employment Oppurtunity (EEO)☐ General FTA Issues

(Check all that apply)

☐ Disadvanaged Business Enterprise (DBE)☐ Electronic Clearing House Operation (ECHO) System☐ 504☐ TITLE VI☐ Metropolitan Planning Organization (MPO)**CODES (This section completed by Reports and Analysis/Accounting office only)***Urbanized Areas* Use this link: <http://ftateamweb.fta.dot.gov/static/Guidance-HQ/LIST%20OF%20TEAM%20CODE%20LOOKUPS.xls>

UZA ID \_\_\_\_\_

State \_\_\_\_\_

*Standard Metropolitan Statiscal Area Codes*Use this link: <http://ftateamweb.fta.dot.gov/static/Guidance-HQ/LIST%20OF%20TEAM%20CODE%20LOOKUPS.xls>

SMSA Codes \_\_\_\_\_

*Congressional Districts*Use this link: <http://ftateamweb.fta.dot.gov/static/Guidance-HQ/LIST%20OF%20TEAM%20CODE%20LOOKUPS.xls>

State ID \_\_\_\_\_

District Codes \_\_\_\_\_

Geographically Location \_\_\_\_\_